



# FOOD ESTABLISHMENT INSPECTION REPORT

Williams Jumbo Donuts  
5 Douglas St.  
Uxbridge, MA 1569

Inspection Number	Date	Time In/Out	Inspection Type	Client Type	Inspector	
AB01E	2/18/21	3:35 PM 4:12 PM	Routine	Restaurant	D.Legere	
Permit Number	Person In Charge	Variance	Priority	Priority f	Core	Score
2019-F020	Rhoda Mitkonis -		1	1	3	90

## Foodborne Illness Risk Factors and Public Health Interventions

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection Repeat Violations Highlighted in Yellow

Supervision		IN	OUT	NA	NO	COS	Protection from Contamination (Cont'd)		IN	OUT	NA	NO	COS	
1. PIC present, demonstrates knowledge, and performs duties		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		15. Food separated and protected		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Certified Food Protection Manager		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		16. Food-contact surfaces; cleaned & sanitized	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Employee Health		IN	OUT	NA	NO	COS	17. Proper disposition of returned, previously served,		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Management, food employee and conditional employee knowledge, responsibilities and reporting		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Time/Temperature Control for Safety		IN	OUT	NA	NO	COS	
4. Proper use of restriction and exclusion		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		18. Proper cooking time & temperatures		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Procedures for responding to vomiting and diarrheal events		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		19. Proper reheating procedures for hot holding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Good Hygienic Practices		IN	OUT	NA	NO	COS	20. Proper cooling time and temperature		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Proper eating, tasting, drinking, or tobacco use		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		21. Proper hot holding temperatures		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. No discharge from eyes, nose, and mouth		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		22. Proper cold holding temperatures		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preventing Contamination by Hands		IN	OUT	NA	NO	COS	23. Proper date marking and disposition		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Hands clean & properly washed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		24. Time as a Public Health Control; procedures & records		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. No bare hand contact with RTE food or a pre-approved		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Consumer Advisory		IN	OUT	NA	NO	COS	
10. Adequate handwashing sinks supplied and accessible	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		25. Consumer advisory provided for raw/undercooked food		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Approved Source		IN	OUT	NA	NO	COS	Highly Susceptible Populations		IN	OUT	NA	NO	COS	
11. Food obtained from approved source		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		26. Pasteurized foods used; prohibited foods not offered		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Food received at proper temperature		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food/Color Additives and Toxic Substances		IN	OUT	NA	NO	COS	
13. Food in good condition, safe & unadulterated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		27. Food additives: approved & properly used		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. Required records available: shellstock tags, parasite		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		28. Toxic substances properly identified, stored & used		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Repeat Violations Highlighted in Yellow								Conformance with Approved Procedures		IN	OUT	NA	NO	COS
								29. Compliance with variance/specialized process/HACCP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Good Retail Practices

Safe Food and Water		IN	OUT	NA	NO	COS	Proper Use of Utensils		IN	OUT	NA	NO	COS
30. Pasteurized eggs used where required		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		43. In-use utensils: properly stored		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Water & ice from approved source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		44. Utensils, equip. & linens: property stored, dried & handled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Variance obtained for specialized processing methods		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		45. Single-use/single-service articles: properly stored & used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control		IN	OUT	NA	NO	COS	46. Gloves used properly		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Proper cooling methods used; adequate equip. for temp.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Utensils, Equipment and Vending		IN	OUT	NA	NO	COS
34. Plant food properly cooked for hot holding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		47. All contact surfaces cleanable, properly designed,		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Approved thawing methods used		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		48. Warewashing facilities: installed, maintained & used; test		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Thermometers provided & accurate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		49. Non-food contact surfaces clean		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Identification		IN	OUT	NA	NO	COS	Physical Facilities		IN	OUT	NA	NO	COS
37. Food properly labeled; original container		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		50. Hot & cold water available; adequate pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination		IN	OUT	NA	NO	COS	51. Plumbing installed; proper backflow devices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Insects, rodents & animals not present		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		52. Sewage & waste water properly disposed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Contamination prevented in prep, storage & display		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		53. Toilet facilities: properly constructed, supplied, & cleaned		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Personal cleanliness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		54. Garbage & refuse properly disposed; facilities maintained		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Wiping cloths; properly used & stored		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		55. Physical facilities installed, maintained & clean	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Washing fruits & vegetables		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		56. Adequate ventilation & lighting; designated areas use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							60. 105 CMR 590 violations / local regulations		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal

Inspector

PIC

Follow Up Required: ☐ Y Follow Up Date: \_\_\_\_\_

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**Inspection Report (Continued)**

Repeat Violations Highlighted in Yellow

**Preventing Contamination by Hands****Adequate handwashing sinks properly supplied and accessible****10 5-205.11 Using a Handwashing Sink - Kitchen -**

**Pf** Hand washing sink must not be used for any other purpose than washing hands *Code: A handwashing facility shall be maintained so that it is accessible at all times for employee use and may not be used for purposes other than handwashing. An automatic handwashing facility shall be used in accordance with manufacturer's instructions.*

**Protection From Contamination**

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### Food-contact surfaces, cleaned & sanitized

#### 16 4-501.114 (D) Chem.San. Temp./pH/Concentr./Hard. - Kitchen -

**Pr** Sanitizer not at concentration Code: A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under paragraph 4--703.11(C) shall meet the criteria specified under section 7--204.11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions, and shall be used as follows: (D) If another solution of a chemical specified under paragraphs (A)-(C) of this section is used, the permit holder shall demonstrate to the RA that the solution achieves sanitization and the use of the solution shall be approved.



## Physical Facilities

### Physical Facilities installed, maintained & cleaned

#### 55 6-501.12 Cleaning. Frequency/Restrictions - Kitchen -

**C** Gaskets on fridge need to be cleaned Code: The physical facilities shall be cleaned as often as necessary to keep them clean. Except for cleaning that is necessary due to a spill or other accident, cleaning shall be done during periods when the least amount of food is exposed such as after closing.



## FOOD SAFETY INSPECTION REPORT

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## 55 6-501.11 Repairing - Kitchen -

- C Ceiling tiles above kitchen should be replaced; showing signs of distress Code: *The physical facilities shall be maintained in good repair.*



## 55 6-501.12 Cleaning. Frequency/Restrictions - Establishment -

- C Ventilation grate must be made clean Code: *The physical facilities shall be cleaned as often as necessary to keep them clean. Except for cleaning that is necessary due to a spill or other accident, cleaning shall be done during periods when the least amount of food is exposed such as after closing.*



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## Temperatures

Area	Equipment	Product	Notes	Temps
Establishment	Misc.	Chocolate milk		32.7 °F
Kitchen	- 2door	Cheese		28.2 °F
Kitchen	- 2door	Cheese		27.3 °F
Kitchen	- 2door	Eggs		34.2 °F
Kitchen	- 2doorcoffee	Coffee		40.1 °F
Establishment	Misc.	Milk		30.2 °F

Temperatures in **RED** identify items in the temperature danger zone. See the report notes for specific details.

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